



## COMPLAINT FORM

Complete all sections; attach statement describing complaint; sign, date, and submit

### Complainant Information

COMPLAINANT'S NAME		HOME TELEPHONE NO. (     )
STREET ADDRESS		WORK TELEPHONE NO. (     )
P.O. BOX (IF ANY)		FAX NO. (     )
CITY	STATE	ZIP CODE

### Licensee Information

LICENSEE'S NAME		HOME TELEPHONE NO. (     )
BUSINESS NAME		WORK TELEPHONE NO. (     )
STREET ADDRESS		FAX NO. (     )
P.O. BOX (IF ANY)		
CITY	STATE	ZIP CODE

### Communications

If you answer "Yes" to any or the following questions, please provide details in your complaint.

Have you attempted to resolve your complaint with the licensee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you advise the licensee that you were considering filing a complaint with the Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was another architect consulted about the problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Complaint Description

**Attach a statement describing your complaint.** Be specific. Describe what work the licensee was hired to perform; the project location; the problem(s) encountered; who else is involved (*names, addresses, telephone numbers*); specific dates and details. Include copies of plans, advertisements, contracts, and any other information that you believe will support your complaint. If submitting photographs, be sure they are in color or colored photocopies.

### Remedy Requested

Please specify the remedy or result you are requesting from the Board

**Please note:** Washington State laws do not grant the Board authority or jurisdiction over civil matters (*such as fees charged, contract disputes, or property line ownership disputes*). On those issues, it is suggested that you consult legal advice.

### Signature

I certify (*or declare*) under penalty of perjury under the laws of the state of Washington that the foregoing and any attachments hereto, which are incorporated herein by reference, are true and correct.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ County \_\_\_\_\_